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ABSTRACT

This annotated guide identifies and describes a variety of resources concerned with traumatic brain injury and developed by projects funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The guide includes listings for 9 books or book chapters, 13 fact sheets or brochures, 60 journal articles, 9 newsletters or articles, 4 training manuals, and 17 resources in other formats. Entries typically include information on title, author/s, date, grantee institution, an online source, and a description or brief abstract. An index of the 11 NIDRR grantees that provided information for the guide is also provided. (DB)

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ED 467 139

Guide to Traumatic Brain Injury Resources

Produced by NIDRR Grantees

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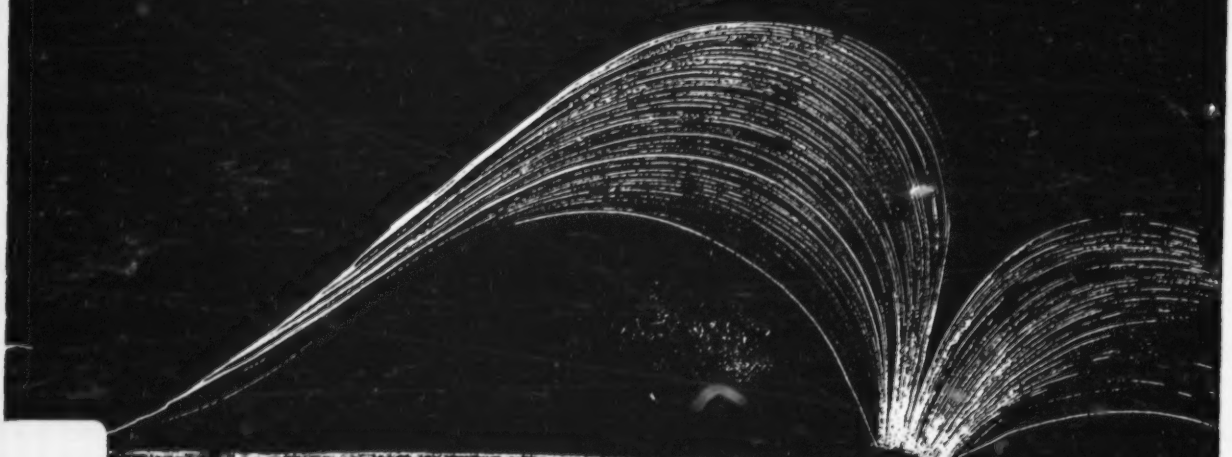

EC 309095

Developed jointly by:

National Center for the Dissemination of Disability Research at the Southwest Educational Development Laboratory, Austin, Texas

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Research and Training Center on Community Integration of Individuals with Traumatic Brain Injury at the Mount Sinai School of Medicine, New York, NY

SOUTHWEST EDUCATIONAL DEVELOPMENT LABORATORY
SEDL
Building Knowledge to Support Learning

NIDRR

MSSM

Guide to
Traumatic Brain Injury Resources
Produced by NIDRR Grantees

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PREFACE

This *Guide to Traumatic Brain Injury Resources Produced by NIDRR Grantees* was a cooperative effort of the National Center for the Dissemination of Disability Research (NCDDR) and the Research and Training Center (RTC) on Community Integration of Individuals with Traumatic Brain Injury.

The NCDDR contacted a number of NIDRR Grantees most likely to have produced research information concerning TBI relating to their research topic, including emergency medical and community integration, living, and working. Following contact, the NCDDR and the RTC collected the Grantees' materials. The NCDDR and RTC staff reviewed the items and descriptions for content, attribution to NIDRR, and arranged the items alphabetically by type (Book/Book Chapter, Journal Article, etc.). The NCDDR formatted the items as they appear in this *Guide*. As a final step, a list of Grantees with corresponding item codes for contributions was developed to facilitate location of resources.

This *Guide* is intended as a resource for use by researchers, professionals, and people with disabilities. It contains scholarly items as well as a number of immediately functional resources for use by teachers, rehabilitation personnel, and others in their work. This *Guide* serves as a link between research and practice by providing readers with basic information about Guide items and how to obtain the items directly from NIDRR Grantees or the National Rehabilitation Information Center (NARIC). It is hoped that the *Guide* will provide a base for future revised versions containing a larger number of items.

The NCDDR thanks the NIDRR Grantees who provided items. We look forward to further collaborative involvement of NIDRR Grantees in future versions of this and other *Guides*.

5

HOW TO USE THIS GUIDE

The *Guide to Traumatic Brain Injury Resources Produced by NIDRR Grantees* was developed to assist researchers, professionals, and people with disabilities to locate research and training materials relating to emergency medical and/or community living/working issues or persons surviving Traumatic Brain Injury. All materials included in this *Guide* were developed by projects funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The items in this *Guide* may also be located on the National Rehabilitation Information Center (NARIC) Web site <http://www.naric.com/> and purchased using their online order form or by telephone request (800)346-2742.

Individual items in the *Guide* may be located using the following strategies:

Browsing

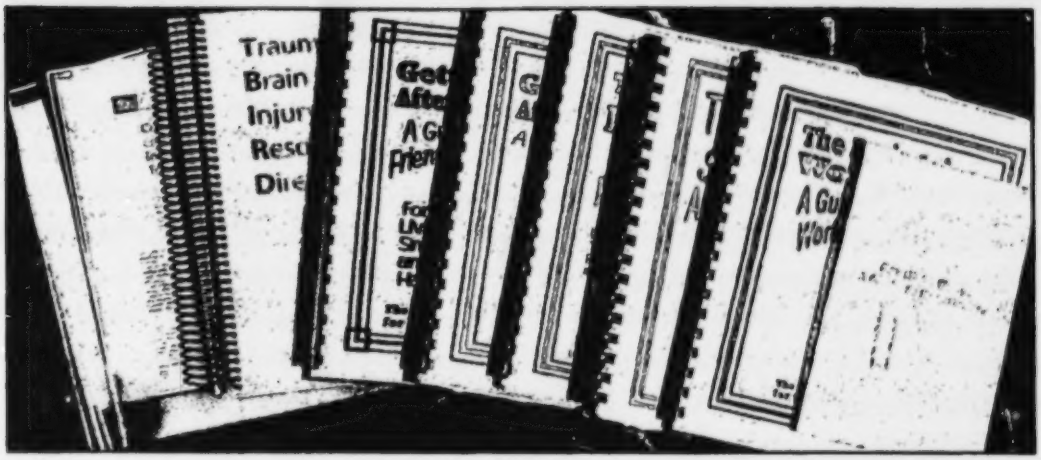
All items* are coded corresponding to their type, such as "C. Journal Articles," and numbered according to their alphabetical order in Sections A.–F., such as "C.10." Readers may locate items of interest by reviewing each section and using the "Grantee:" code (e.g., G.9) in the items to locate the corresponding NIDRR-funded projects in Section G. Readers may use the information in Section G. in ordering items by mail, telephone or email from the Grantee.

By Grantee

Readers may go directly to Section G. to locate a particular Grantee. Item codes under each Grantee may be used to locate items, in Sections A.–F. for review and ordering directly from the Grantee.

* **Note:** Some items have no stated "Cost" information. Contact the designated grantee or NARIC for current information.

Traumatic Brain Injury Resources Produced by NIDRR Grantees



A: Books/Book Chapters

A.1

TITLE Community integration and quality of life of individuals with TBI. In Rehabilitation of the adult and child with traumatic brain injury. Third edition. Philadelphia: F.A. Davis.

AUTHOR(S) Gordon, W.A., Hibbard, M.R., Brown, M., Flanagan, S., Campbell-Korves, M.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This chapter expands understanding of people who have experienced a TBI and live in the community. What characterizes them and what is life like for them? Previous studies of individuals with TBI living in the community are reviewed. Emerging data from a large community-based study of individuals with TBI are presented. In addition, the chapter discusses several societal 'forces' that either offer promise or threaten the quality of community living of individuals with TBI: the continuum of services needed by individuals with TBI, public policy affecting such services, and managed care.

A.2

TITLE For kids only: A guide to brain injury.

AUTHOR(S) Waaland, P.K., Raines, S.R.

DATE 1992

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION This guide was complied by experienced child psychologists

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who offer age-appropriate explanations of what happens when a child sustains a TBI. Frequently asked questions and quotes from siblings of injured children are incorporated into the text. Other highlights include information on coma; physical, cognitive, and behavioral changes; sibling relationship issues; and the role of family and friends in the recovery process. Factual information on brain injury is conveyed in a simplified style that is reassuring to young readers who face the tragedy of brain injury in their own lives.

COST $7.00

A.3

TITLE Getting better (and better) after brain injury: A guide for families, friends, and caregivers.

AUTHOR(S) Kreutzer, J.S., Kolakowsky-Hayner, S.A.

DATE 1999

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Life after brain injury can be challenging, not just for the survivor, but also for those who know and love them. This guide is packed with practical ideas to help those who want to help – family members, friends, and others – but aren't sure how.

COST $15.00

A.4

TITLE Getting better (and better) after brain injury: A guide for survivors.

AUTHOR(S) Kreutzer, J.S., Gourley III, E.V., West, D.D.

DATE 1999

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Life after brain injury is, more often than not, a tremendous adjustment. This practical, easy-reading guide addresses day-to-day issues faced by many people with brain injury. The illustrated booklet is backed by years of experience and includes worksheets, checklists, and practical ideas offered by survivors of brain injury.

COST $11.00

A.5

TITLE The brain injury handbook: A guide for rehabilitation providers.
AUTHOR(S) Kreutzer, J.S., Kolakowsky-Hayner, S.A., West, D.D.
DATE 1999
GRANTEE Virginia Traumatic Brain Injury Model System, G.11
DESCRIPTION Therapists will appreciate the insights offered for helping survivors of TBI. This illustrated booklet is packed with helpful suggestions for rehabilitation service providers.
COST $15.00

A.6

TITLE The brain injury source book: Answers to questions most often asked by family and survivors.
AUTHOR(S) Kreutzer, J.S., West, D.D., Gourley III, E.V.
DATE 2000
GRANTEE Virginia Traumatic Brain Injury Model System, G.11
DESCRIPTION Inside this resource are answers provided by experts to a wide range of questions often posed by brain injury survivors and their families. Factual information is provided on a broad range of early acute and long-term issues. Compiled for ease of use, this volume is an important reference for consumers and family members.
COST $22.00

A.7

TITLE The brain injury work book: A guide to living and working productively.
AUTHOR(S) Kreutzer, J.S., Kolakowsky-Hayner, S.A., West, D.D., Gourley III, E.V.
DATE 1999
GRANTEE Virginia Traumatic Brain Injury Model System, G.11
DESCRIPTION After a brain injury, people often don't know whether they will be able to work or what else they can do. This practical guide helps people sort through the options of going back to the same job, finding a new job, or not going back to work. This down-to-earth, illustrated booklet contains checklists, worksheets, and many ideas offered by people who have learned to live and work productively after brain injury.
COST $15.00

A.8

TITLE Traumatic brain injury.

BOOK Cognitive-behavioral strategies in crisis intervention, pp. 219-242. Second edition. New York: Guilford Press.

AUTHOR(S) Hibbard, M.R., Gordon, W.A., Kothera, L.M.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This chapter is written for mental health professionals who provide psychological interventions for individuals who experience anxiety disorders following traumatic events. Its primary focus is to increase awareness in the mental health community about the frequency of co-morbid, and possibly undiagnosed, traumatic brain injury (TBI) which may accompany such traumatic events. The need to shift traditional cognitive behavioral therapy (CBT) approaches to assessment and treatment in individuals with dual TBI and anxiety disorders is explored. The chapter provides an overview of TBI (prevalence, etiology, functional changes); approaches to screening for TBI; the common psychiatric sequelae following TBI; and suggested modifications of CBT to assessment and treatment of individuals with dual anxiety disorders and TBI. Case vignettes are provided.

A.9

TITLE Traumatic Brain Injury Resource Directory (TBIRD), 5th edition.

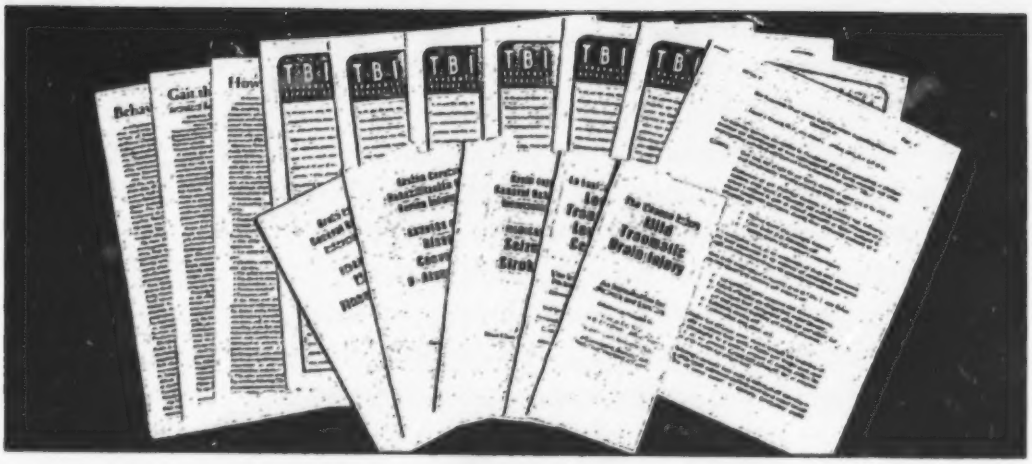
DATE 2000

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This directory is intended for use by anyone with TBI, their family and friends, or anyone who works with people with TBI in the general Santa Clara Valley area. Besides the rehabilitation professionals who use this book to help find resources for their clients, this book may be used by anyone that is relocating or looking for resources and help concerning community supports with TBI. Available in print and CD-Rom formats.

ONLINE http://www.tbi-sci.org/tbird/index.html

COST $15.00



B: Fact Sheets or Brochures

B.1

TITLE Behavior disorders difficult to control.

AUTHOR(S) Rupright, J.

DATE 2001

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION This fact sheet discusses the occurrence of a variety of behavior and cognitive difficulties following a traumatic brain injury. Such behaviors are a major problem since they may put the patient or others at risk of injury. The behaviors are often not recognized by the patient as being a problem, and families become frightened of the things they see their loved one doing or saying. The behaviors associated with injuries to various parts of the brain are discussed. Medications and other ways to manage behavior are discussed.

ONLINE http://www.hsc.missouri.edu/~mombis/archives/doc01-1.htm

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B.2

TITLE Financial Issues: medical and financial benefits.

DATE 1999 Revised

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This brochure provides basic information about the various medical and financial benefits programs that are available to survivors of TBI and their families, both during and after rehabilitation.

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B.3

TITLE Gait therapy resulting in dramatic gains – MOMBIS helps individuals improve ambulation.

AUTHOR(S) Wilson, D.J., Roberts, C., Powell, M.

DATE 2000

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION This fact sheet discusses "The Restoration of Ambulation During Recovery From Traumatic Brain Injury Using Partial Weight-Bearing Gait Retraining." Evidence is mounting in support of both the efficacy of partial weight-bearing gait retraining as a modality for improvement following TBI, and the potential for improvement in non-acute patients. The Missouri Assisted Gait Scale, used to measure patients' progress on key indicators of gait progress, is also described.

ONLINE http://www.hsc.missouri.edu/~mombis/archives/gait00-2.htm

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B.4

TITLE How long does TBI recovery take?

AUTHOR(S) Wilson, D.J., Gorham, J.L.

DATE 2001

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION This fact sheet answers the question, "How long will it take for our family member or loved one to return to normal following a TBI?" Length of recovery depends on a variety of factors, which are described. The greatest rate of recovery is usually within the first two years after experiencing a TBI, with the majority of recovery occurring in the first year post-injury. A common method assessing recovery following TBI is the Rancho Los Amigos scale, which is discussed in detail.

ONLINE http://www.hsc.missouri.edu/~mombis/wils01-2.htm

B.5

TITLE Medical issues: seizures and stroke risk.

DATE Revised

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This brochure provides basic information about seizures and strokes; it also describes the typical medications used immediately following an incident or prophylactically. **Available in English and Spanish Languages.**

B.6

TITLE TBI Consumer Report #1: Long-term post-TBI health problems.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Brief report for individuals with TBI, their family members and professionals addressing individuals with TBI experience the following health problems: balance and sleep difficulties; urinary control problems; arthritis; as well as hair, skin and body temperature changes. Suggestions are provided for dealing with these health challenges.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs2.html

B.7

TITLE TBI Consumer Report #2: Aerobic exercise following TBI.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Brief report for individuals with TBI, their family members and professionals: describes the many benefits experienced by people with TBI who engage in aerobic exercise (like running), including fewer sleep problems, fewer cognitive complaints, and less depression. Suggestions are made for taking up or resuming aerobic exercise post TBI.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs3.html

B.8

TITLE TBI Consumer Report #3: Parenting post-TBI.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Brief report for individuals with TBI, their family members and professionals: suggests that one of the few areas in which parents with long-term brain injury differ from non-disabled parents is in being somewhat more depressed and having children who are somewhat more depressed than in families that are not coping with TBI. Suggestions are made for parents to address this and other issues.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs4.html

B.9

TITLE TBI Consumer Report #4: Coping with Post-TBI emotional distress.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Brief report for individuals with TBI, their family members and professionals: suggests that depression is 10 times more likely, and anxiety is twice as likely for people with TBI as for people with no disability. This Consumer Report focuses on steps individuals with TBI can take to alleviate depression and/or anxiety.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs5.html

B.10

TITLE TBI Consumer Report #5: Coping with sexual problems after TBI.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION After TBI, commonly an individual's social and sexual behavior and his/her sexuality are affected - somewhat differently for men than women. This issue of TBI Consumer Report discusses approaches you can use to help address problems that may affect establishing and maintaining a relationship with another person after TBI that is satisfying, sexually and emotionally.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs14.html

B.11

TITLE TBI Consumer Report #6: Coping with substance abuse after TBI.

DATE 2001

GRANTEE RTC on Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This is a brief report on RTC research, aimed at individuals with TBI, their family members and professionals. This issue focuses on two aspects of substance abuse after TBI — first, the magnitude of the problem and why "staying clean" is important to people with TBI, and second, what can be done to help prevent and treat substance abuse after a person has a TBI. This advice is based on "what worked" for people who

shared experiences in avoiding and coping with substance abuse.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs15.html

B.12

TITLE The traumatic brain injury top 5 questions regarding outcome: (Question 2) Walking independently after a TBI.

AUTHOR(S) Wilson, D.J., Gorham, J.L.

DATE 2002

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION This fact sheet answers the question, "How long will it take for our family member or loved one to be able to walk independently following a traumatic brain injury?" Assessment of gait (walking) recovery involves physical factors (e.g., strength, balance), visual factors (e.g., blindness), and cognitive factors (e.g., memory, concentration). Other factors related to gait recovery are age, length of hospital stay, medications, orthopedic injuries and comorbidities (drug abuse, etc.). Supported gait training therapy is discussed.

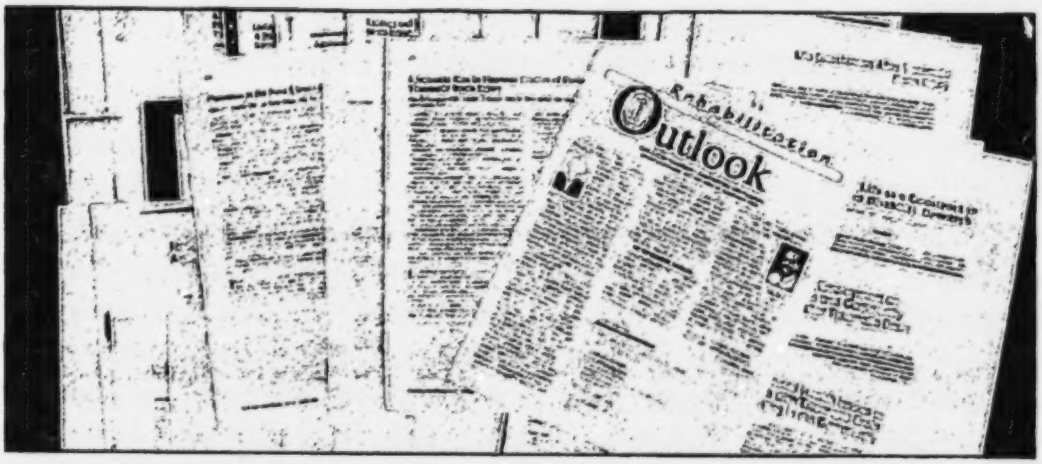
B.13

TITLE The unseen injury: Mild traumatic brain injury.

DATE 2001 Revised

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This brochure responds to questions regarding the definition of mild TBI, and its manifestations in terms of expression, emotion, organization and judgment functioning. **Available in English and Spanish Languages.**



C: Journal Articles

C.1

TITLE A multi-center analysis of rehospitalizations five years after brain injury.

AUTHOR(S) Marwitz J.H., Cifu, D.X., Englander, J., High Jr., W.M.

JOURNAL *Journal of Head Trauma and Rehabilitation*, 16(4), 307-317.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION This article investigates the incidence and cause of rehospitalization 1 and 5 years after TBI. Descriptive statistics were computed in a prospective study of the cause and incidence of rehospitalizations at years 1 and 5 after injury. Analysis of variance and chi-square tests were used to identify factors relating to rehospitalization; factors included length of stay, admission and discharge functional status, payer source, medical complications, injury severity, and demographics.

C.2

TITLE A multicenter longitudinal investigation of return to work and community integration following traumatic brain injury.

AUTHOR(S) Sander, A.M., Kreutzer, J.S., Rosenthal, M., Delmonico, R., Young, M.E.

JOURNAL *Journal of Head Trauma Rehabilitation*, 11(5), 70–84.

DATE 1996

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Article describes changes in employment status and

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community integration following TBI and investigates relationships among outcomes, sociodemographics and injury-related variables. The study was composed of patients with TBI who received acute medical care at a Level I Trauma Center and received inpatient rehabilitation. The mean age of subjects was 33.9 years. The full range of injury severity was represented. Less than 40% of persons employed before injury were employed at any follow-up interval. Unemployed persons had longer acute hospital stays than employed persons at follow-up intervals. These findings highlight the need for post-acute rehabilitation programs with particular emphasis on vocational rehabilitation. Uncertainties remain about the impact of brain injury on socialization and home activity patterns, partly because of limitations in measurement of community integration.

C.3

TITLE A prospective longitudinal multicenter analysis of alcohol use patterns among persons with traumatic brain injury.

AUTHOR(S) Kreutzer, J.S., Witol, A.D., Sander, A.M., Cifu, D.X., Marwitz, J.H., Delmonico, R.

JOURNAL *Journal of Head Trauma Rehabilitation*, 11(5), 58–69.

DATE 1996

GRANTEE Traumatic Brain Injury Model System of Rehabilitation Care, G.10

DESCRIPTION Article describes long-term post-injury drinking patterns of persons with TBI and identifies injury related and sociodemographic factors related to post-injury consumption. The study was composed of patients with moderate and severe brain injury who received acute medical care and inpatient rehabilitation. Participants were 16 years of age or older, willing to participate in follow-up medical and psychological evaluations and willing to provide information regarding alcohol consumption.

C.4

TITLE Access to the environment and life satisfaction after spinal cord injury.

AUTHOR(S) Richards, J.S., Bombardier, C.H., Tate, D.G., Dijkers, M., Gordon, W.A., Shewchuck, R., DeVivo, M.J.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 80(11), 1501-1506.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION The objective of this paper is to determine the relationship between satisfaction with life after spinal cord injury and access to the environment as measured by selected items from the Craig Handicap Assessment and Reporting Technique (CHART). Access to the environment was found to be positively and linearly associated with satisfaction with life, it demonstrated both positive and negative change over time, and was positively associated with subject's neurologic status. Access to the environment added to the explanatory model to predict life satisfaction even after all other independent measures were accounted for.

C.5

TITLE Acute predictors of successful return to work 1 year after traumatic brain injury: A multi-center analysis.

AUTHOR(S) Cifu, D.X., Keyser-Marcus, L., Lopez, E., Wehman, P., Kreutzer, J.S., Englander, J., High Jr., W.M.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 78(2), 125-131.

DATE 1997

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This article investigates the influence of acute injury characteristics on subsequent return-to-work outcome for TBI patients.

C.6

TITLE Alcohol use after traumatic brain injury: Concordance of patients' and relatives' reports.

AUTHOR(S) Sander, A.M., Witol, A.D., Kreutzer, J.S.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 78(2), 132–142.

DATE 1997

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Using a quasi-experimental static group comparison design, this article investigates bias and concurrent validity of patients' alcohol use self-reports by examining concordance with relatives' reports. Participants included 175 adult patients and 175 family informants. Surprisingly, patient reports were consistent with family member reports. The results do not support the hypothesis that patients underreport drinking and

that their reports are inconsistent with those of caregivers. The high levels of concordance are consistent with those found in similar research studies involving alcoholic populations. Results suggest that patients' self-reports should be given higher credibility and should not be dismissed in favor of information provided by families. However, caution is necessary when collecting information from a person with severe injury.

C.7

TITLE Assessing traumatic brain injury outcome measures for long-term follow-up of community-based individuals.

AUTHOR(S) Hall, K.M., Bushnik, T., Lakisic-Kazaic, B., Wright, J., Cantagallo, A.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 82(3), 367-374.

DATE 2001

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This study determines which outcome measures are best and least suited for assessing long-term functional outcomes of individuals with TBI in the community.

C.8

TITLE Awareness of deficits: emotional implications for persons with brain injury and their significant others.

AUTHOR(S) Wallace, C.A., Bogner, J.A.

JOURNAL *Brain Injury*, 14(6), 549-562.

DATE 2000

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION Investigates the relationships between emotional distress and differing perceptions of the extent of deficits with 50 individuals with brain injury and their significant others. Participants completed questionnaires assessing their perceptions of the individual's deficits in various areas.

C.9

TITLE Axis I Psychopathology in individuals with traumatic brain injury.

AUTHOR(S) Hibbard, M.R., Uysal, S., Kepler, K., Bogdany, J., Silver, J.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 24-39.

DATE 1998

GRANTEE RTC on Community Integration of Individuals

with Traumatic Brain Injury, G.9

DESCRIPTION Article assesses the incidence, co-morbidity, and patterns of resolution of DSM-IV mood, anxiety, and substance use disorders in 100 adults with TBI from 18–65 years of age and on an average 8-years after onset at time of interview.

C.10

TITLE Axis II Psychopathology in individuals with traumatic brain injury.

AUTHOR(S) Hibbard, M.R., Bogdany, J., Uysal, S., Kepler, K., Silver, J.M., Gordon, W.A., Haddad, L.

JOURNAL *Brain Injury*, 14(1), 45-61.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This article aimed to determine the frequency and nature of post-TBI personality disorders (PDs) in a community-based sample of individuals with TBI. One hundred individuals with TBI were administered a structural clinical interview to determine Axis II psychopathology.

C.11

TITLE Caregiver functioning after traumatic injury.

AUTHOR(S) Kolakowsky-Hayner, S.A., Kishore, R.

JOURNAL *NeuroRehabilitation*, 13, 27-33.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Article investigates pervasiveness of unhealthy family functioning and psychological distress among primary caregivers of 28 adult outpatients with traumatic injuries. A description is provided regarding caregiver functioning and psychological distress in caregivers of persons with TBI and caregivers of persons with spinal cord injury. This study discusses similarities and differences between the two populations.

C.12

TITLE Charges and lengths of stay for acute and inpatient rehabilitation treatment of traumatic brain injury 1990-1996.

AUTHOR(S) Kreutzer, J.S., Kolakowsky-Hayner, S.A., Ripley, D., Cifu, D.X., Rosenthal, M., Bushnik, T., Zafonte, R.D., Englander, J., High Jr., W.M.

JOURNAL *Brain Injury*, 15(9), 763-774.

21

DATE 2001
GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1
DESCRIPTION This investigation evaluates yearly trends in charges and lengths of stay for patients with brain injury in acute care and rehabilitation settings over a seven-year period.

C.13
TITLE Comparison among functional outcome measures for traumatic brain injury: Assessment in the Italian community.
AUTHOR(S) Cantagallo, A., Maietti, A., Hall, K.M., Bushnik, T.
JOURNAL *Europa Medicophysica*, 36(4), 171-182.
DATE 2000
GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1
DESCRIPTION This study investigates the statistical and clinical characteristics across measures, especially sensitivity to outcome issues in the Italian community, and relationships among measures.

C.14
TITLE Comparison of substance abuse and violence in the prediction of long-term rehabilitation after traumatic brain injury.
AUTHOR(S) Bogner, J.A., Corrigan, J.D., Mysiw, W.J., Clinchot, D.M., Fugate, L.P.
JOURNAL *Archives of Physical Medicine and Rehabilitation*, 82(5), 571-577.
DATE 2001
GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7
DESCRIPTION Determines the relative contributions of substance abuse history and violent etiology to the prediction of outcomes for individuals who sustained a traumatic brain injury requiring inpatient rehabilitation.

C.15
TITLE Defining sleep disturbance after brain injury.
AUTHOR(S) Clinchot, D.M., Bogner, J.A., Mysiw, W.J., Fugate, L.P., Corrigan, J.D.
JOURNAL *American Journal of Physical Medicine and Rehabilitation*, 77(4), 291-295.
DATE 1998
GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7
DESCRIPTION This study defines and correlates the incidence and type of sleep disturbances that occur after TBI.

C.16

TITLE Definition of agitation following traumatic brain injury: I. A survey of the brain injury special interest group of the American Academy of Physical Medicine and Rehabilitation

AUTHOR(S) Fugate, L.P., Spacek, L.A., Kresty, L.A., Levy, C.E., Johnson, J.C., Mysiw, W.J.

JOURNAL Archives of Physical Medicine and Rehabilitation, 78(9), 917-923.

DATE 1997

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION Determines national patterns of defining agitation after TBI by physiatrists with expressed interest in treating TBI survivors.

C.17

TITLE Environmental resources for persons with traumatic brain injury in rural areas: Issues in accessibility.

AUTHOR(S) Johnstone, B., Nossaman, L., Schopp, L.H., Holmquist, L., Rupright, S.J.

JOURNAL *Journal of Rural Health.*

DATE 2002

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION It is arguable that limited availability of environmental resources, e.g., rehabilitation professionals, facilities, and services (i.e., transportation, independent living resources, support groups, etc.) may be more important in determining outcomes for those with TBI, and particularly for those in rural areas where resources are typically more scarce. The study investigated the availability of rehabilitation resources throughout the state of Missouri for individuals with TBI, with an emphasis on differences between metropolitan and non-metropolitan areas. Data indicated that there is a scarcity of rehabilitation professionals (i.e., physiatrists, nurses, mental health providers, rehabilitation therapists), facilities (i.e., hospitals offering comprehensive rehabilitation therapies), and services (i.e, support groups, transportation) in rural areas, which likely impact the outcomes of those with TBI.

C.18

TITLE Etiology and incidence of rehospitalization after traumatic brain injury: A multi-center analysis.

AUTHOR(S) Cifu, D.X., Kreutzer, J.S., Marwitz, J.H., Miller, M., Hsu, G.M., Seel, R.T., Englander, J.S., High Jr., W.M., Zafonte, R.D.

JOURNAL *Archives of Physical Medicine and Rehabilitation,* 80(1), 85-90.

DATE 1999
GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1
DESCRIPTION This article investigates the incidence and etiology of rehospitalizations at one, two and three year intervals after survival of TBI.

C.19
TITLE Financial and vocational outcomes one year post-traumatic brain injury.
AUTHOR(S) Johnstone, B., Mount, D., Schopp, L.H.
JOURNAL *Archives of Physical Medicine and Rehabilitation.*
DATE 2002
GRANTEE Missouri Model Brain Injury System, G.3
DESCRIPTION This study shows that one year following TBI, the number of persons that were employed fell from 69% to 31%; the number unemployed increased from 11% to 49%. The average earned income per month declined 51% (from $1,491 to $726) and the mean total public assistance received per month by individuals in the study group increased 275% (from $153 to $421). Assuming that the study is representative of national statistics for TBI, the first year post-TBI is associated with $642 million in lost wages, $96 million in lost income taxes, and $353 million in increased public assistance.

C.20
TITLE Gender differences in a sample of vocational rehabilitation clients with traumatic brain injury.
AUTHOR(S) Bounds, T.A., Schopp, L.H., Johnstone, B., Unger, C., Goldman, H.
JOURNAL *NeuroRehabilitation.*
DATE 2002
GRANTEE Missouri Model Brain Injury System, G.3
DESCRIPTION This article describes subjects who, despite similar injury severity, neuropsychological and demographic characteristics, demonstrated more men (43.6%) receiving maintenance services from the state Division of Vocational Rehabilitation (DVR) than women (21.7%). Of note, only 4.4% of the women were successfully employed through DVR, compared to 23.6% of the men. In addition, 73.9% of the women had services terminated after being accepted by DVR but before services were initiated, compared to 56.4% of the men.

C.24

C.21

TITLE Gender differences in cognitive and emotional adjustment to traumatic brain injury.

AUTHOR(S) Schopp, L.H., Shigaki, C.L., Johnstone, B., Kirkpatrick, H.A.

JOURNAL *Journal of Clinical Psychology in Medical Settings*, 8, 181-187.

DATE 2001

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION This study examines gender differences in cognitive and emotional status after TBI among 262 men and 140 women with TBI referred for neuropsychological evaluations. Significant differences were found in various assessment of cognitive and emotional status. Research and assessment recommendations are suggested.

C.22

TITLE Group psychotherapy for persons with traumatic brain injury: Management of frustration and substance abuse.

AUTHOR(S) Delmonico, R.L., Hanley-Peterson, P., Englander, J.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(6), 10–22.

DATE 1998

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This resource describes group therapy models used with individuals with acute or post-acute TBI within a comprehensive rehabilitation center. Interdisciplinary treatment of frustration and substance abuse and continuum of care are emphasized. Education, social support, skills development, interpersonal process and cognitive behavioral approaches are discussed. The psychotherapy groups focus on treatment of substance abuse and frustration management through education, social support and development of interpersonal skills. Practical considerations of running such groups are presented.

C.23

TITLE Integrating substance abuse treatment and vocational rehabilitation after traumatic brain injury.

AUTHOR(S) Bogner, J.A., Corrigan, J.D., Spafford, D.E., Lamb-Hart, G.L.

JOURNAL *Journal of Head Trauma Rehabilitation*, 12(5), 57-71.

DATE 2000

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This article is a description and evaluation of a resource and

service coordination model for integrating community-based substance abuse treatment and vocational rehabilitation.

C.24

TITLE Life satisfaction after traumatic brain injury.

AUTHOR(S) Corrigan, J.D., Bogner, J.A., Mysiw, W.J., Clinchot, D.M., Fugate, L.P.

JOURNAL *Journal of Head Trauma Rehabilitation*, 16(6), 543-555.

DATE 2001

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This resource investigates correlates of life satisfaction after TBI.

C.25

TITLE Long-term life quality and family needs after traumatic brain injury.

AUTHOR(S) Kolakowsky-Hayner, S.A., Miner, K.D., Kreutzer, J.S.

JOURNAL *Journal of Head Trauma Rehabilitation*, 16(4), 374-385.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION This investigation assessed the life quality and long-term family needs of caregivers of persons with brain injury. Respondents completed the Virginia Traumatic Brain Injury Family Needs Assessment Survey. Respondents included 57 caregivers of persons with TBI who were at least 4 years after injury and who resided in Virginia. Respondents ranged in age from 19 to 82 years and were primarily Caucasian women. The Family Needs Questionnaire (FNQ) and quality of life questions were administered. Results indicate diminished life quality after injury. With regard to family needs, Health Information (51.43%) and Involvement with Care (47.93%) needs were most often rated as met. Instrumental Support (31.52%) and Professional Support (28.38%) needs were most often rated as not met. Family needs and support systems for those needs change over time. This investigation provides evidence that unmet family needs extend well beyond the acute setting and that caregiver life quality diminishes over time.

C.26

TITLE Long-term recovery course after traumatic brain injury: A comparison of the functional independence measure and disability rating scale.

AUTHOR(S) Hammond, F.M., Grattan, K.D., Sasser, H., Corrigan, J.D., Bushnik, T., Zafonte, R.D.

JOURNAL *Journal of Head Trauma Rehabilitation*, 16(4), 318-329.

DATE 2001

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This article studies group changes over time after TBI comparing results using the Functional Independence Measure and Disability Rating Scale.

C.27

TITLE Models for predicting subjective quality of life in individuals with Traumatic Brain Injury, G.9.

AUTHOR(S) Brown, M., Gordon, W.A., Haddad, L.

JOURNAL *Brain Injury*, 14(1), 5-19.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This study compares the utility of ICIDH-based models and needs-based models for predicting subjective quality of life in individuals with TBI. Using an existing data base of individuals with TBI living in the community, seven predictive models were tested using multiple regression analysis. It was concluded that needs-based models using subjective indicators clearly predict more variance in measures of life satisfaction, or subjective well-being, than do either type of model relying on objective measures. It is suggested that, in documenting 'outcomes' of rehabilitation, the degree to which the focal individual's important needs are met defines more directly his/her well-being than do measures of impairment, disability or handicap.

C.28

TITLE Multidimensional telecare strategies for rural residents with brain injury.

AUTHOR(S) Schopp, L.H., Johnstone, B., Octave C., Merveille, M.D.

JOURNAL *Journal of Telemedicine and Telecare*, 6(S1) 146-149.

DATE 2000

GRANTEE Missouri Model Brain Injury System, G.3
DESCRIPTION Rural residents with brain injury have difficulty in accessing care from qualified psychologists for cognitive, emotional and behavioral symptoms. This article investigates the use of high-quality videoconferencing to enhance care for persons with brain injury in three areas: cognitive assessment, psychotherapy and rural mental health training. Given adequate training and ongoing support, rural clinicians can treat many brain-injury adjustment issues locally, reserving specialist consultation for emergency or complex problems.

C.29
TITLE Neurobehavioral functioning, substance abuse, and employment after brain injury: Implications for vocational rehabilitation.
AUTHOR(S) Sander, A.M., Kreutzer, J.S., Fernandez, C.C.
JOURNAL *Journal of Head Trauma Rehabilitation*, 12(5), 28–41.
DATE 1997
GRANTEE Virginia Traumatic Brain Injury Model System, G.11
DESCRIPTION This article describes neurobehavioral and substance abuse problems distinguishing between employed and unemployed persons with brain injury and proposes relevant vocational rehabilitation interventions. Patients are evaluated an average of 16 months after injury. Employed (33%) and unemployed (67%) groups are similar regarding age and chronicity, but unemployed persons have more severe injuries. The conclusion of the study states that the unique neurobehavioral difficulties of the unemployed group should be carefully considered when developing empirically based pre-placement training, job matching and post-placement interventions. The high rate of alcohol use among the employed group indicates the need for follow-along that emphasizes education and prevention.

C.30
TITLE NIDRR's new paradigm: Opportunities and caveats.
AUTHOR(S) Brown, M., Heinemann, A.W.
JOURNAL *Rehabilitation Outlook*, 4(4), 1,6-7,9.
DATE 1999
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION This paper analyzes opportunities that NIDRR's New Paradigm offers researchers, as well as some of the caveats

in using it to guide theories and the conceptualization of research. In discussing opportunities and caveats, the focus is on the central idea of the New Paradigm, which is interpreted as a framework for defining "disablement." The core of the New Paradigm shifts away from the notion that disablement resides in the individual, but instead it defines disablement as an interactive construct that emerges at the interface of person and environment. Of importance for researchers working in the area of disability studies is the implication of conceptual shift. Limitations of the New Paradigm for research are also discussed.

C.31

TITLE Outcomes in the first five years following traumatic brain injury.

AUTHOR(S) Corrigan, J.D., Smith-Knapp, K., Granger, C.V.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 79(3), 298-305.

DATE 1998

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This article examines the extent to which it is possible to predict outcomes after TBI for individuals at the point of discharge from inpatient rehabilitation.

C.32

TITLE Peer support in the community: Initial findings of a mentoring program for individuals with TBI and their families.

AUTHOR(S) Hibbard, M.R., Cantor, J.B., Charatz, H.J., Rosenthal, R., Ashman, T.A., Gunderson, N., Ireland-Knight, L., Gordon, W.A., Avner, J., Gartner, A.

JOURNAL *Journal of Head Trauma Rehabilitation.*

DATE 2002

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Article evaluates the impact of a community-based peer support program for individuals and their family members following TBI. The participants were 20 individuals who had participated in the peer support program (11 individuals with TBI, and 9 family members).

29

C.33

TITLE Pre-injury crime, substance abuse, and neurobehavioral functioning after traumatic brain injury.

AUTHOR(S) Kolakowsky-Hayner, S.A., Kreutzer, J.S.

JOURNAL *Brain Injury*, 15(1), 53–63.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION Investigating the possible connections between pre-injury crime, substance abuse, and neurobehavioral functioning after TBI, this article outlines a study which includes 211 patients with TBI, who were seen for a follow-up neuropsychological evaluation in an outpatient setting. An effort was made to distinguish between (1) patients with and without a history of pre-injury arrests, (2) patients classified as substance abusers and non-abusers, and (3) patients with and without a history of illicit drug use. Results indicate significant differences between patients with a history of pre-injury arrests and patients without a history of pre-injury arrests in terms of demographic and injury characteristics. Differences were also noted between persons classified as substance abusers and non-abusers in terms of demographic and injury characteristics, and neurobehavioral functioning.

C.34

TITLE Pre-injury substance abuse among persons with brain injury and persons with spinal cord injury.

AUTHOR(S) Kolakowsky-Hayner, S.A., Gourley III, E.V., Kreutzer, J.S., Marwitz, J.H., Cifu, D.X., McKinley, W.O.

JOURNAL *Brain Injury*, 13(8), 571–581.

DATE 1999

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION This article addresses an investigation of pre-injury substance abuse and TBI and spinal cord injury (SCI). The study was based in an urban Level I Trauma Center. Pre-injury patterns of alcohol and illicit drug use were compared among patients with SCI and patients with TBI matched for age, gender, race, and mechanism of injury. Participants were primarily male, young, and unmarried with at least a high school education. 56% of patients with SCI and 42% of patients with TBI were heavy drinkers. Implications for risk identification, treatment, and future research are addressed.

C.35

TITLE Primary caregivers of persons with brain injury: Life 1 year after injury.

AUTHOR(S) Wallace, C.A., Bogner, J.A., Corrigan, J.D., Clinchot, D.M., Mysiw, W.J., Fugate, L.P.

JOURNAL *Brain Injury*, 12(6), 483-493.

DATE 1998

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION The impact of a traumatic brain injury on the family of the injured person is just beginning to be explored. In the current study, 61 primary caregivers were contacted at 1 year following injury. They completed the Relative and Friends Support Index, Social Support Index, Trauma Complaints List and the Life Change Questionnaire

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C.36

TITLE Quality of life as a construct in health and disability research.

AUTHOR(S) Brown, M., Gordon, W.A.

JOURNAL *Mount Sinai Journal of Medicine*, 66(3), 160-169.

DATE 1999

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Definitional issues that affect the measurement of quality of life (QOL) in health care research are discussed. In reviewing a broad sample of health- and disability-related QOL studies, several characteristics upon which respective approaches to measurement differ: (a) Within respective measurement tools, QOL has been located within either the insider's (i.e., the person being measured) judgment of the 'goodness' of his or her life or outside this judgment. (b) The insider's and/or outsider's values may hold sway in deciding the elements of life that are viewed as relevant to QOL within the measurement process and in rating the degree of 'goodness' of these life domains. (c) QOL models incorporate domains of items varying in breadth and specificity; and they either take a negative or neutral view of functioning. (d) QOL models vary in their complexity, type of linkage between components and their inclusion (or not) of both the insider's judgment and external predictors of QOL. These distinctions are used in recommending approaches to QOL measurement suitable for health care research aimed at outcome assessment and description of populations.

C.37

TITLE Quality of life for individuals with traumatic brain injury: Comparison with others living in the community.

AUTHOR(S) Brown, M., Vandergoot, D.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 1-23.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION The objectives of this paper are several: to provide a conceptual overview of approaches to quality of life (QOL) measurement and an extensive review of research relating to QOL after TBI; to document subjective QOL of individuals with TBI; to explore how subjective QOL differs for people with TBI in comparison to individuals with no disability (ND) and those with spinal cord injury (SCI); and to document the perceptions of unmet important needs and the relationship between such perceptions and subjective QOL.

C.38

TITLE Rating scale analysis of the agitated behavior scale.

AUTHOR(S) Bogner, J.A., Corrigan, J.D., Bode, R.K., Heinemann, A.W.

JOURNAL *Journal of Head Trauma Rehabilitation*, 15(1), 656-669.

DATE 2000

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This article investigates psychometric properties of the Agitated Behavior Scale.

C.39

TITLE Reliability of the agitated behavior scale.

AUTHOR(S) Bogner, J.A., Corrigan, J.D., Stange, M., Rabold, D.

JOURNAL *Journal of Head Trauma Rehabilitation*, 14(1), 91-96.

DATE 1999

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION An investigation of the inter-rater reliability of the Agitated Behavior Scale. During this study, forty-five persons with BI and twenty-three persons with progressive dementia were studied at an acute rehabilitation unit and a long term care facility.

C.40

TITLE Return to work after brain injury: A self-directed approach.

AUTHOR(S) Kolakowsky-Hayner, S.A., Kreutzer, J.S.

JOURNAL *NeuroRehabilitation*, 16(1), 41-47.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION For many, returning to work after a brain injury is an extremely difficult task. Many factors influence a person's decision whether or not to work. While some people with brain injury are excited to return to their previous jobs, others are afraid of the physical, emotional, and financial consequences of returning to work, and some just do not want to work at all. The resource provides a framework for persons with brain injury to address concerns regarding returning to work and alternatives to living productively. There are a number of ideas discussed within the framework of a self-guided therapeutic return to work program. Clinicians are encouraged to use the information provided to facilitate return to work discussions with clients with brain injury and to adapt as necessary for use with persons with other neurological disabilities.

C.41

TITLE Role of agitation in prediction of outcomes after traumatic brain injury.

AUTHOR(S) Bogner, J.A., Corrigan, J.D., Fugate, L.P., Mysiw, W.J., Clinchot, D.M.

JOURNAL *American Journal of Physical Medicine and Rehabilitation*, 80(9), 636-644.

DATE 2001

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This resource describes the role of agitation in the prediction of successful and non-successful outcomes in the TBI rehabilitation process.

C.42

TITLE Sexual dysfunction after traumatic brain injury.

AUTHOR(S) Hibbard, M.R., Gordon, W.A., Flanagan, S., Haddad, L., Labinsky, E.

JOURNAL *NeuroRehabilitation*, 15(2), 107-120.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals

with Traumatic Brain Injury, G.9

DESCRIPTION The frequency of self-reported sexual difficulties was examined in a group of 322 individuals with TBI (N = 193 men; 129 women) and contrasted with reports of sexual difficulties in 264 individuals without disability (152 men; 112 women) residing in the same community.

C.43

TITLE Symptomatic helicobacter pylori infection in a neurorehabilitation population.

AUTHOR(S) Shem, K.L., Englander, J.S.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 79(10), 1297-1300.

DATE 1998

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION The prevalence of H pylori infection - associated with acute and chronic gastritis, peptic ulcer disease, and hypertension – is more than 50% in people older than 60 years; however, the prevalence is not known in patients with TBI or cerebrovascular accidents treated in inpatient rehabilitation units. This study investigates the prevalence in a sample of consecutive admissions to a rehabilitation unit.

C.44

TITLE Systematic bias in outcome studies of persons with traumatic brain injury.

AUTHOR(S) Corrigan, J.D., Bogner, J.A., Mysiw, W.J., Clinchot, D.M., Fugate, L.P.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 78(2), 132-137.

DATE 1997

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION In the research literature about persons who have experienced TBI, studies of outcome 1-year or later have made important contributions to understanding long-term effects. This article examines systematic biases created by subjects who couldn't be contacted at 1-year follow-up, and identifies potential threats to generalization of outcomes data.

C.45

TITLE Telehealth and neuropsychological assessment: New opportunities for psychologists.

AUTHOR(S) Schopp, L.H., Johnstone, B., Merrell, D.

JOURNAL *Professional Psychology: Research & Practice*, 31(2), 179-183.

DATE 2000

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION The advent of telehealth technology gives psychologists new opportunities to expand their practices in a cost-effective manner, but little is known about telehealth efficacy and costs. This study of 49 neuropsychology clients interviewed using videoconferencing and 49 matched in-person controls yielded no group differences in client ratings of interpersonal factors. Telehealth clients were more likely to want to repeat their experience, but psychologist satisfaction was lower for telehealth sessions. Telehealth costs were significantly lower than in-person costs. Concerns about ethical issues, billing, and licensure must be addressed to help practitioners capitalize on new telehealth opportunities.

C.46

TITLE The agitated brain injured patient. part 2: Pathophysiology and treatment

AUTHOR(S) Mysiw, W.J., Sandel, M.E.

JOURNAL *Archives of Physical Medicine and Rehabilitation*, 78(2), 213-220.

DATE 1997

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION The management of agitation after BI remains uncertain because of a lack of consistent definition and a poor understanding of the underlying mechanism. This article reviews potential mechanisms for post-traumatic agitation and common intervention strategies.

C.47

TITLE The Beck Depression Inventory: Is it a suitable measure of depression for individuals with traumatic brain injury?

AUTHOR(S) Sliwinski, M., Gordon, W.A., Bogdany, J.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 40-46.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals

with Traumatic Brain Injury, G.9

DESCRIPTION This study examined the relationship between Beck Depression Inventory (BDI) scores and current diagnosis of depression, based on The Structured Clinical Interview for DSM-IV Diagnosis (SCID). 100 individuals with TBI participated in this study, 25 of whom were diagnosed as depressed and 75 as not depressed at the time of interview.

C.48

TITLE The benefits of exercise in individuals with traumatic brain injury: A retrospective study.

AUTHOR(S) Gordon, W.A., Sliwinski, M., Echo, J., McLoughlin, M., Sheerer, M., Meili, T.M.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 58-67.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This study examined the benefits of exercise using a sample of 240 individuals with TBI (64 exercisers and 176 non exercisers) and 139 individuals without a disability (66 exercisers and 73 non exercisers).

C.49

TITLE The Center for Outcome Measurement in Brain Injury (COMBI): An internet resource you should know about.

AUTHOR(S) Wright, J., Bushnik, T., O'Hare, P.

JOURNAL *Head Trauma Rehabilitation*, 15(8), 734-738.

DATE 2000

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This article describes the Center on Outcome Measurement in Brain Injury (COMBI), an Internet resource (http://www.tbims.org/combi/) that provides information on brain injury outcome measures.

C.50

TITLE The community integration questionnaire revisited: An assessment of factor structure and validity.

AUTHOR(S) Sander, A.M., Fuchs, K.L., High Jr., W.M., Hall, K.M., Kreutzer, J.S., Rosenthal, M.

JOURNAL *Archives of Physical Medicine and Rehabilitation,* 80(10), 1303-1308. Erratum in: 80(12), 1608.

DATE 1999

GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1

DESCRIPTION This article investigates the factor structure and concurrent validity of the Community Integration Questionnaire (CIQ), using a large sample of persons surviving TBI.

C.51

TITLE The effect of employment on quality of life and community integration after traumatic brain injury.

AUTHOR(S) O'Neill, J., Hibbard, M.R., Brown, M., Jaffe, M., Sliwinski, M., Vandergoot, D., Weiss, M.J.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 68-79.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Article investigates the effect of employment on perceived quality of life (QOL), social integration, and home and leisure activities for individuals with TBI. 337 adults with TBI who resided in New York state and were between the ages of 18 and 65 years participated in the study.

C.52

TITLE The effect of parental traumatic brain injury on parenting and child behavior.

AUTHOR(S) Uysal, S., Hibbard, M.R., Robillard, D., Pappadopoulos, E., Jaffe, M.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(6), 57-71.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This article examines: (a) The parenting skills of individuals with Traumatic Brain Injury, G.9 (TBI) and their spouses (b) The effects of parental TBI on children, and (c) The effects of parental TBI on levels of depression for all family members. 32 families participated in the study. Of these, 16 families one parent had a TBI and in the remaining 16 families, no parent had a TBI. Eighteen children from families with parental TBI and 26 children from families without TBI were interviewed. On average, parents with TBI were 9 years post-onset of injury at the time of interview.

C.53

TITLE The enigma of "hidden" traumatic brain injury.

AUTHOR(S) Gordon, W.A., Brown, M., Sliwinski, M., Hibbard, M.R., Patti, N., Weiss, M.J., Kalinsky, R., Sheerer, M.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(6), 39-56.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Article examines individuals with "hidden" TBI, defined in this study as those who sustained a blow to the head, with altered mental status, and experienced a substantial number of the cognitive, behavioral, and emotional sequelae typically associated with brain injury but did not make the causal connection between the injury and its consequences. Of 143 participants, 21 individuals also reported large numbers of symptoms (eg, headaches, memory problems) associated with TBI. This group (Hidden TBI-High Symptoms group) was compared to three other matched samples: one with known TBI (Known Mild TBI group) and one with no disability (No Disability group) (both of which were drawn from the larger study), and one group of individuals who identified themselves as having no disability but who had experienced a blow to the head that resulted in a few symptoms (Head Trauma-Low Symptoms group).

C.54

TITLE The prevalence and symptom rates of depression after traumatic brain injury: a comprehensive examination.

AUTHOR(S) Kreutzer, J.S., Seel, R.T., Gourley III, E.V.

JOURNAL *Brain Injury*, 15(7), 563-576.

DATE 2001

GRANTEE Virginia Traumatic Brain Injury Model System, G.11

DESCRIPTION This resource describes differing definitions of depression, sample sizes, and variability in methodologies that contributed to equivocal findings about the prevalence of depression among persons with TBI. The study used standardized diagnostic criteria and a large sample to identify the manifestations of depression after TBI. 722 outpatients with brain injury, referred for comprehensive assessment at a regional Level I trauma center were studied. Depressive symptoms were characterized utilizing standard DSM-IV criteria and the Neurobehavioral Functioning Inventory. Forty-

two percent of patients with brain injury met the prerequisite number of symptoms for a DSM-IV diagnosis of major depressive disorder. Fatigue (46%), frustration (41%), and poor concentration (38%) were the most commonly cited manifestations of depression. The study concludes that many patients with brain injury are at great risk for developing depressive disorders.

C.55

TITLE The reliability and validity of the SF-36 health survey questionnaire for use with individuals with traumatic brain injury.

AUTHOR(S) Findler, M., Cantor, J.B., Haddad, L., Gordon, W.A., Ashman, T.A.

JOURNAL *Brain Injury*, 15(8), 715-723.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION In order to examine the reliability and validity of the SF-36 Health Survey Questionnaire for use with individuals with TBI, the SF-36 and three measures of health-related problems in persons with TBI (BDI-II, TIRR Symptom Checklist, Health Problems List) were administered to 271 individuals without a disability, 98 individuals with mild TBI, and 228 individuals with moderate-severe TBI. Internal consistency (reliability) was demonstrated for all SF-36 scales. Significant correlations were found between the SF-36 scales and the other measures, with stronger correlations emerging in the TBI groups. The TBI groups obtained significantly lower SF-36 scores than the comparison group, and the mild TBI group scored lower than the moderate-severe group. For the most part, the differences between the TBI groups disappeared when BDI-II scores were controlled for. These findings suggest that the SF-36 is a reliable and valid measure for use with persons with TBI.

C.56

TITLE The sensitivity and specificity of self-reported symptoms in individuals with traumatic brain injury.

AUTHOR(S) Gordon, W.A., Haddad, L., Brown, M., Hibbard, M.R., Sliwinski, M.

JOURNAL *Brain Injury*, 14(1), 21-33.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION In this study, self-reported symptoms (cognitive, physical, behavioral/affective) from The Institute for Rehabilitation Research Symptom Checklist are compared across six panels: 135 individuals with mild TBI, 275 with moderate/severe TBI, 287 with no disability, 104 with spinal cord injury, 197 who are HIV positive and 107 who had undergone liver transplantation. Participants with TBI and SCI were at least 1 year post-injury. Individuals with TBI reported significantly more symptoms than other panels. Symptom reports in the TBI panels were independent of demographic variables (gender, education, income, ethnicity, age), as well as time since injury and depression. Five of the 67 symptoms were found to be sensitive/specific to TBI in general; 25 symptoms were sensitive/specific to mild TBI (23 were cognitive, one physical and one behavioral/affective). Implications of these results in terms of current debates about the 'reality' of symptom reports in individuals with mild TBI are discussed, as well as implications for using symptom checklists for TBI screening.

C.57

TITLE The unveiling of traumatic brain injury in a HIV/AIDS population.

AUTHOR(S) Jaffe, M.P., O'Neill, J., Vandergoot, D., Gordon, W.A., Small, B.

JOURNAL *Brain Injury*, 14(1), 35-44.

DATE 2000

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This study examines the frequency of TBI in an HIV/AIDS population and its associated symptomatology. A panel of 173 individuals with HIV were split into two groups--those who have experienced a blow to the head within their lifetime (n = 128) and those who have not (n = 45). Self-reported symptoms from The Institute for Rehabilitation Research Symptom Checklist were compared across both HIV panels, individuals who identified as traumatically brain injured (n = 416), and individuals with no disability (n = 282). Six clusters of symptoms (total, cognitive, physical, affective/behavioral, five symptoms sensitive and specific to TBI in general and 25 symptoms sensitive and specific to mild TBI) were analyzed in

a MANOVA, controlling for the demographic variables that were correlated with total symptoms, including panel membership, education, annual household income and substance use history. Significant main effects were found for panel membership. Individuals with HIV and a history of a blow to the head reported a higher number of total symptoms and 25 symptoms specific to mild TBI. The significance of these findings acknowledges the need to recognize the frequency of TBI in an HIV population and the subsequent need to provide the appropriate interventions that will lead to an enhanced overall quality of life.

C.58

TITLE The utility of the substance abuse subtle screening inventory - 3 for use with individuals with brain injury.

AUTHOR(S) Arenth, P.M., Bogner, J.A., Corrigan, J.D., Schmidt, L.

JOURNAL *Brain Injury*, 1(6), 499-510.

DATE 2001

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION Investigates the utility of the Substance Abuse Subtle Screening Inventory (SASSI-3) for use with individuals with brain injury. The SASSI-3 was administered to 78 subjects prior to discharge from inpatient rehabilitation.

C.59

TITLE Undiagnosed health issues in individuals with traumatic brain injury living in the community.

AUTHOR(S) Hibbard, M.R., Uysal, S., Sliwinski, M., Gordon, W.A.

JOURNAL *Journal of Head Trauma Rehabilitation*, 13(4), 47-57.

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

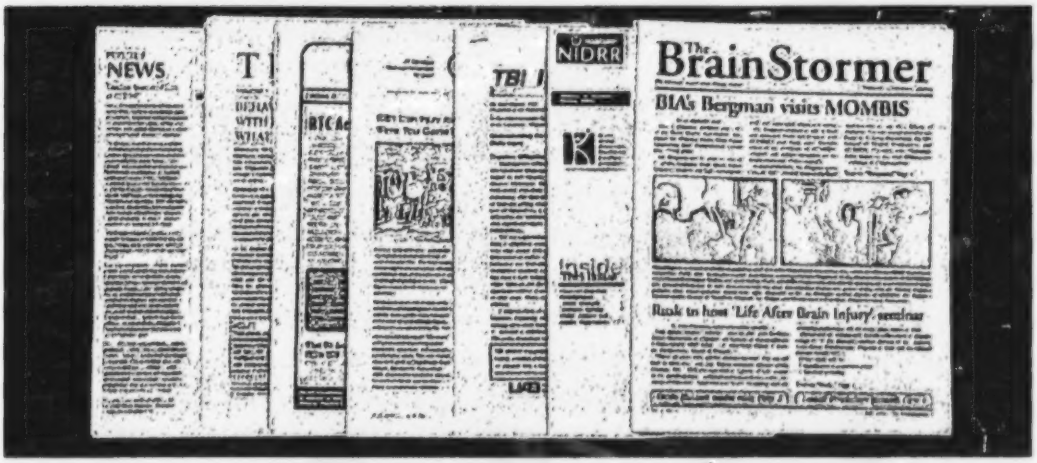
DESCRIPTION Article examines the self-reported prevalence of long-term health issues in individuals with TBI living in the community. The participants included 338 individuals with TBI and 273 individuals without disability between the ages of 18 and 65 years. Individuals with TBI were, on average, 10 years post-onset at the time of interview.

C.60

TITLE Vocational rehabilitation status report in TBI: The need for revitalizing energies and cohesive direction.

AUTHOR(S) Fraser, R.T., Wehman, P.

JOURNAL *Brain Injury Source*, 5(1), 22-23, 46-47.
DATE 2001
GRANTEE The University of Washington Traumatic Brain Injury Model System, G.5
DESCRIPTION Vocational rehabilitation efforts in TBI within the context of sponsored research and demonstration projects chiefly have been intensive over the last 15 years. These efforts nationally paralleled an increasing survival rate for those experiencing a severe TBI. This article looks at benefits of vocational prediction research, discusses a need for more evaluative research around actual vocational rehabilitation and suggests the need for more "creativity" in these efforts.



D: Newsletters or Articles

D.1
TITLE Inter@ct.
AUTHOR(S) Wright, J. (editor)
DATE 2000
GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1
DESCRIPTION This is a semiannual newsletter produced by The Rehabilitation Research Center for TBI and SCI at the Santa Clara Valley Medical Center/ A variety of informational and current event items are covered in each issue.
ONLINE http://www.tbi-sci.org/interact.html

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D.2

TITLE Issue of TBI-NET, Jr. newsletter.
DATE 1998
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION This newsletter is published by the RTC on the Community Integration of Individuals with Traumatic Brain Injury. Topics include a broad range of issues related to TBI in children.

D.3

TITLE Issue of TBI-NET newsletter.
DATE 2001
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION This newsletter is published by the RTC on the Community Integration of Individuals with Traumatic Brain Injury. Topics include a wide scope of issues related to TBI research and training.
ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs7.html

D.4

TITLE Talking Heads.
AUTHOR(S) Wright, J. (editor)
DATE 2001
GRANTEE Northern California Traumatic Brain Injury Model System of Care, G.1
DESCRIPTION This is a quarterly newsletter of the Northern California Traumatic Brain Injury Model System of Care project. It covers a variety of research-based and current community-related information in each issue.
ONLINE http://www.tbimatters.org/talking.html

D.5

TITLE TBI Inform: Introduction to brain injury: facts and stats.
AUTHOR(S) Novack, T., Lindsey, L. (editor)
DATE 2000
GRANTEE UAB Traumatic Brain Injury Model System, G.8
DESCRIPTION A review of current data on TBI that includes a discussion of brain injury, measuring its severity, pathology, demographics, causes, and costs.
ONLINE http://main.uab.edu/show.asp?durki=27492

D.6

TITLE TBI Inform: Research & you.
AUTHOR(S) Lindsey, L.
DATE 1999
GRANTEE UAB Traumatic Brain Injury Model System, G.8
DESCRIPTION Discussion includes how the TBI Model System boosts TBI research, ways individuals can participate in research, and the growth of the TBI Database.
ONLINE http://main.uab.edu/show.asp?durki=17117

D.7

TITLE TBI Inform: What to expect after TBI and rehabilitation.
AUTHOR(S) Novack, T., Lindsey, L. (editor)
DATE 2000
GRANTEE UAB Traumatic Brain Injury Model System, G.8
DESCRIPTION This issue reviews cognitive, behavioral and emotional difficulties one may have following a TBI, the role of rehabilitation, and outcomes following TBI and rehabilitation services.
ONLINE http://main.uab.edu/show.asp?durki=29430

D.8

TITLE The BrainStormer newsletter.
DATE 1999
GRANTEE Missouri Model Brain Injury System, G.3
DESCRIPTION This is the newsletter produced by the Missouri Model Brain Injury System. It covers a variety of topics reliant to TBI.
ONLINE http://www.hsc.missouri.edu/~mombis/archives/stormer1.htm

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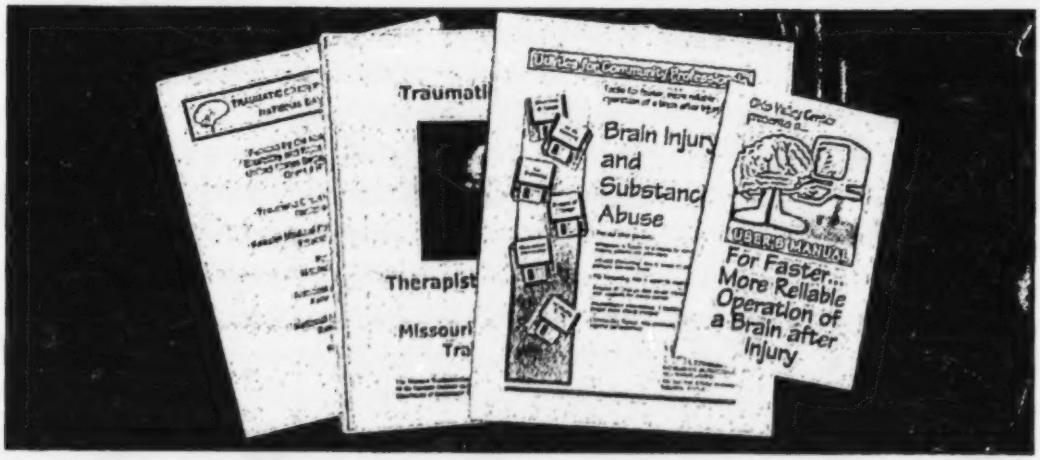
D.9

TITLE Traumatic brain injury facts and figures 2000, 6(1).
AUTHOR(S) Rosenthal, M.
DATE 2000
GRANTEE Traumatic Brain Injury National Data Center, G.6
DESCRIPTION Reports on research results, research projects, and research centers in the TBI Model System. This issue provides an abstract of TBIMS research on employment outcome after TBI and TBIMS data on community integration — both as perceived by the person with TBI and a significant other-- one year after injury.
ONLINE http://www.tbims.org/database.html



E: Training Manuals

E.1

TITLE Traumatic brain injury model systems national database syllabus.
AUTHOR(S) Rosenthal, M.
DATE 2002
GRANTEE Traumatic Brain Injury National Data Center, G.6
DESCRIPTION Forms and instructions for collecting data, including data on community integration and living, for NIDRR's TBI Model Systems.
ONLINE http://www.tbims.org/database.html
COST $100US/$125 foreign

E.2

TITLE Traumatic brain injury therapist resource manual.
AUTHOR(S) Schopp, L.H., Reid-Arndt, S., Johnstone, B., Cully, E.
DATE 2001
GRANTEE Missouri TeleRehabilitation Training Program, G.4
DESCRIPTION Psychotherapy can be a key support as individuals with TBI return to home, family, and work. This workbook is designed as a tool for therapists who are either generalists or who have no specific background in dealing with issues related to adjustment to TBI. Each section is designed to be an in-session guide to specific questions and real-world strategies. The sections can be copied freely and can serve to provide structure and a record-keeping tool in actual psychotherapy sessions.

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E.3

TITLE User's manual for faster... More reliable operation of a brain after injury.

DATE 1997

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This manual is a secondary-prevention education resource for survivors of brain injury and family members. Information about the adverse effects of substance use after a brain injury are presented.

ONLINE http://www.ohiovalley.org/abuse/umanual/index.html

COST $.40 each (complimentary samples available)

E.4

TITLE Utilities for Community Professionals: Tools for faster more reliable operation of a brain after injury - Brain Injury and Substance Abuse.

DATE 1998

GRANTEE Ohio Regional Traumatic Brain Injury Model System, G.7

DESCRIPTION This series of booklets contains information for professionals in healthcare, human services agencies and vocational rehabilitation. Its purpose is to provide the most up-to-date information about brain injury and substance use and abuse. Booklets include: 1. Whatever it Takes: 10 principles for community professionals helping persons with brain injury. 2. ABUSE Screening: How to screen for substance abuse among persons with brain injury. 3. TBI Screening: How to screen for traumatic brain injury. 4. Stages of Change: How people change addictive behavior and what supports the change process. 5. Motivational Interviewing: A counseling technique to help people make difficult changes. 6. Community Teams: How community professionals can work together collaboratively.

ONLINE http://www.ohiovalley.org/abuse/index.html#util

COST $5.00 each (complimentary samples available)

F: Other Formats

F.1

TITLE Participatory Action Research.

FORMAT Video Tape

DATE 1995

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Videotaped presentations at 1995 APA Annual meeting, discussing PAR, as practiced by the RTC, with an overview of PAR in a presentation by Suzanne Bruyére.

F.2

TITLE Women and TBI: The interaction between gender and disability.

FORMAT Video Tape

DATE 1994

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This three-part videotape series captures the edited highlights of a two-day RTC sponsored conference on issues germane to women with TBI. The videotapes focus on issues common to women with disabilities and included presentations on feminist theory, building of healthy sexual identity, the need to shape health services, and domestic violence. A panel discussion followed each formal presentation in which panelists related information presented during the lecture to living with TBI. In addition, the RTC staff presented on the

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topic of health issues related to TBI. This video set comes with reference sheets to identify start and end times for each presentation, as well as panel discussion periods.

F.3

TITLE The mentor partnership workbook.
FORMAT Training seminar workbook
DATE 1999
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION This workbook resource can be used in the training of peer mentors (individuals with TBI and family members) for participation in a peer mentoring program.

F.4

TITLE Living life after TBI (LLATBI) (Only available through RTC).
FORMAT Structured interview
DATE 1998
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION Living life after TBI (LLATBI) is a five-component, structured interview designed for use with adults with TBI (age 18 or older), particularly those who live in the community. It is currently being validated in RTC research. This resource is only available with technical assistance from the RTC.

F.5

TITLE Brain injury screening questionnaire and training manual.
FORMAT Questionnaire
DATE 1999
GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9
DESCRIPTION The BISQ is designed to address the initial screening for TBI. In the general population that large numbers of people experience the consequences of brain injury (particularly mild brain injury) but never realize that many of their problems are due to a 'long ago' blow to the head. The BISQ was designed to determine, first, if a person has experienced a blow to the head, with loss of consciousness or feelings of being "dazed and confused."" It then uses symptoms drawn primarily from checklists developed at The Institute for Rehabilitation Research and at the Medical College of Virginia to determine if the person being screened has the kinds of persisting

symptoms typically found after brain injury that suggest he or she should be tested (using neuropsychological tests) to determine if TBI is the likely cause of his or her problems. This resource is only available with technical assistance from the RTC. **(Available in English, Spanish, and Chinese)**

F.6

TITLE Rehabilitation outcomes for persons with TBI in rural vs. urban areas.

FORMAT PowerPoint Presentation

AUTHOR(S) Johnstone, B.

DATE 2001

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION Microsoft PowerPoint presentation at the American Psychological Association annual convention. Discusses rural vs. urban and gender differences in services and outcomes of clients with TBI. Presentation also discusses resources available to individuals with TBI in urban and rural areas, including access to medical professionals, facilities and services.

F.7

TITLE The twisted pear model: Application for TBI rehabilitation.

FORMAT PowerPoint Presentation

AUTHOR(S) Johnstone, B.

DATE 2001

GRANTEE Missouri Model Brain Injury System, G.3

DESCRIPTION Microsoft Powerpoint presentation at the American Congress of Rehabilitation Medicine annual convention, discusses The Twisted Pear Model, which states that certain behaviors are only predictable in one segment of their natural distribution. In general, accurate prediction of outcomes is limited to individuals with "poor-impaired" predictor scores (i.e., poor predictor scores predict poor outcome), and accurate prediction of outcomes becomes increasingly variable as scores improve to average or better (i.e., good predictor score does not necessarily predict good outcome). The paper discusses the application of the principle for participants in the NIDRR TBI Model Systems.

F.8

TITLE Moving on - A personal futures planning workbook for individuals with brain injury; Facilitator's manual.

FORMAT Multimedia presentation

DATE 1995

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION Personal Futures Planning (PFP) is a process for aiding individuals with TBI move on in their lives, by focussing on what they want in life and on the steps needed to get there. In the videotape in this package, Dr. Beth Mount who modified PFP to suit people with TBI, talks about the advantages of PFP and how it works. The Workbook is used by the person with TBI and by people who want to work with him or her on planning for the future. The Facilitator's Manual explains to leaders of PFP work groups the issues that need to be addressed in facilitating the PFP process and assisting the person with TBI.

F.9

TITLE TBI 101.

FORMAT Multimedia presentation

DATE 1994

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This multimedia package provides a wide-ranging overview, for educating groups about TBI. The package includes: (1) a 21-page text covering two areas, i.e., basic facts about TBI and vocational rehabilitation of individuals with TBI; (2) two scripts derived from the text (one on basic facts, the second on vocational rehabilitation) that can be used when making presentations to audiences; and (3) 117 slides to be used with the scripts in making presentations. The basic facts text (and script) describes what happens to an individual following trauma to the brain, the recovery process, severity of injury, functional consequences of injury, mild injury, TBI in children, the incidence of TBI, the course of treatment and the funding of services. The scripts are designed to be shaped to fit the needs of different audiences, through the user's editing.

F.10

TITLE Train the trainer module I: Identification of children with TBI in our schools.

FORMAT Multimedia presentation

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This multimedia presentation is directed at school-based staff. The training is to increase school-based professional's understanding of the workings of the brain, the etiology of brain injury (BI) and how to screen for BI in school-aged children. The workshop includes a basic review of the brain functions and brain injury; the classification of TBI under The Individuals with Disabilities Education Act; screening for BI; and an overview of the physical, cognitive and emotional challenges after BI. Training highlights BI differences from other disability classifications, and how BI may be misidentified or not identified in children in the school system. A videotape entitled ""All the King's Horses,"" which focuses on the need for prevention of BI, a script for the trainer to use during the workshop, overheads of the training, and handouts including a copy of the Brain Injury Screening Questionnaire and an accompanying manual are provided.

F.11

TITLE Train the trainer module II: Assessment of children with TBI in our schools.

FORMAT Multimedia presentation

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This multimedia presentation is directed at school-based staff. The training is designed to provide school-based professionals with the knowledge and tools necessary to evaluate cognitive functioning in children who have, or are suspected to have, a brain injury (BI). The materials focus on the need to expand traditional school based assessment to include the identification of cognitive challenges secondary to BI. The workshop highlights the utility of behavioral observation in selecting cognitive domains to assess, and provides suggested cognitive tools to utilize when expanding traditional assessments. A script for the trainer to use,

overheads, and handouts including a copy of the Brain Injury Screening Questionnaire and its associated manual are provided.

F.12

TITLE Train the trainer module III: Classroom modifications for children with TBI in our schools.

FORMAT Multimedia presentation

DATE 1998

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This multimedia presentation is directed at school-based staff. The goal of the training is to provide school professionals with the understanding of specific accommodations needed to address the cognitive, physical and emotional/behavioral challenges following brain injury (BI) in children with a known BI in the classroom. The articulation needs of these students with BI as they move through the school system, are described. Counseling issues for students and their families, behavioral management planning and the role of a program coordinator for these students with BI is discussed. A script for the trainer to use, overheads, and handouts including a copy of both a behavioral management plan and an Accommodations Checklist are provided.

F.13

TITLE Neuropsychological assessment: A pathway to understanding the sequelae of brain injury.Source: Optometric Extension Program Foundation Monograph. Santa Clara, CA.

FORMAT Monograph

AUTHOR(S) Hibbard, M.R., Gordon, W.A., Kenner, B.

DATE 2001

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This monograph is written for opticians who typically assess ocular disturbances in individuals post-TBI. This monograph section addresses their understanding of TBI and the range of cognitive and affective challenges that an individual with TBI may experience. The monograph reviews the underlying rationale for a neuropsychological evaluation and provides suggestions as to best utilize information obtained from a neuropsychological evaluation to modify visual assessment and treatment. Specific accommodations within clinical

practice are suggested to address the coexisting cognitive and affective challenges in individuals with visual disturbances post-TBI.

F.14

TITLE Students with traumatic brain injury: Identification, assessment and classroom accommodations.

FORMAT Monograph

AUTHOR(S) Hibbard, M.R., Gordon, W.A., Martin, T., Raskin, B., Brown, M.

DATE 2002

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This monograph describes pediatric TBI, its causes, and issues related to identification (and misidentification) and remediation techniques in children with brain injuries. Detailed assessment and remediation approaches are presented.

ONLINE http://www.mssm.edu/tbinet/alt/pubs/pubs17.html

F.15

TITLE Understanding brain injury: Guide for employers.

FORMAT Booklet

DATE 1997

GRANTEE Mayo Traumatic Brain Injury Model System, G.2

DESCRIPTION This 22-page booklet on brain injury is written for employers. Topics covered include structure and function of the brain, causes of brain injury and the process of recovery, common cognitive and behavioral residuals, communication changes, seizures, fatigue, driving, and the partnership approach for returning to work.

ONLINE http://www.mayo.edu/model-system/navpos5a.html

F.16

TITLE Understanding brain injury: Guide for the family.

FORMAT Booklet

DATE 1999

GRANTEE Mayo Traumatic Brain Injury Model System, G.2

DESCRIPTION This 32-page booklet on brain injury is intended for families. Topics covered include structure and function of the brain, causes of injury, cognitive and behavioral residuals, communication changes, seizures, fatigue, use of alcohol and

drugs, driving, returning to work and school, and sexuality.

ONLINE http://www.mayo.edu/model-system/navpos5b.html

F.17

TITLE Vocational rehabilitation, traumatic brain injury and the power of networking.

FORMAT Booklet

AUTHOR(S) Zuger, R.R., Brown, M., O'Neill, J., Stack, R., Amitai, H., Mount, B., Murphy, B., Mello, S.

DATE 2002 Revised

GRANTEE RTC on the Community Integration of Individuals with Traumatic Brain Injury, G.9

DESCRIPTION This booklet is designed for professionals and others interested in expanding the range of vocational possibilities for individuals with TBI. The key idea in this publication is that the complexity of needs typically associated with TBI requires nontraditional responses if vocational success is to be achieved. The booklet provides an overview of TBI, describes how traditional approaches can be shaped to better fit the needs of people with TBI in returning to work or entering the job market, and describes a variety of nontraditional approaches: business advisory committees, grand rounds, and Personal Futures Planning. In appendices, several topics are covered: Social Security work incentives, Medicaid Waiver, as well as protocols for appropriate neuropsychological testing. It was written in 1998 and revised in 2002.

ONLINE http://www.mssm.edu/tbinet/alt/pubs.html

G. NIDRR Grantees that Provided Traumatic Brain Injury Information

G.1

GRANTEE	**Northern California Traumatic Brain Injury Model System of Care**
ADDRESS	950 South Bascom Avenue, Suite 2011, San Jose, CA 95128
PHONE	(408) 295-9896 Ext. 13
CONTACT	Mary Lou Gustafson
E-MAIL	marylou@tbi-sci.org
ITEMS	**A.9, B.2, B.5, B.13, C.5, C.7, C.12, C.13, C.18, C.22, C.26, C.43, C.49, C.50, D.1, D.4**

G.2

GRANTEE	**Mayo Traumatic Brain Injury Model System**
ADDRESS	200 1st. Street SW, Rochester, MN 55905
PHONE	(507) 255-5109
CONTACT	Anne Moessner
E-MAIL	moessner.anne@mayo.edu
ITEMS	**F.15, F.16**

G.3

GRANTEE	**Missouri Model Brain Injury System**
ADDRESS	One Hospital Drive, DC046.46, Columbia, MO 65212
PHONE	(800)671-4187, TTY: (573) 884-7971
CONTACT	Larry Nossaman
E-MAIL	Nossamanl@health.missouri.edu
ITEMS	**B.1, B.3, B.4, B.12, C.17, C.19, C.20, C.21, C.28, C.45, D.8, F.6, F.7**

G.4

GRANTEE	**Missouri TeleRehabilitation Training Program**
ADDRESS	One Hospital Drive, DC046.46, Columbia, MO 65212
PHONE	(573) 882-8847
CONTACT	Laura Schopp, Ph.D.
E-MAIL	schoppl@health.missouri.edu
ITEMS	**E.2**

G.5

GRANTEE **The University of Washington Traumatic Brain Injury Model System**

ADDRESS 1959 NE Pacific Street, Box 356490, Seattle, WA 98195-6490

PHONE (206) 685-0935

CONTACT Kathleen Reilly Bell, M.D.

E-MAIL krbell@u.washington.edu

ITEMS **C.60**

G.6

GRANTEE **Traumatic Brain Injury National Data Center**

ADDRESS KMRREC; 1199 Pleasant Valley Way, West Orange, NJ 07052

PHONE (973) 243-6871

CONTACT Ken Wood

E-MAIL kwood@kmrrec.org

ITEMS **D.9, E.1**

G.7

GRANTEE **Ohio Regional Traumatic Brain Injury Model System**

ADDRESS Ohio Valley Center for Brain Injury Prevention & Rehabilitation, Department of Physical Medicine and Rehabilitation, 480 W. 9th Avenue, 1166 Dodd Hall, Columbus, OH 43210

PHONE (614) 293-3802

CONTACT Gary Lamb-Hart

E-MAIL lamb-hart.1@osu.edu

ITEMS **C.8, C.14, C.15, C.16, C.23, C.24, C.31, C.35, C.38, C.39, C.41, C.44, C.46, C.58, E.3, E.4**

G.8

GRANTEE **UAB Traumatic Brain Injury Model System**

ADDRESS UAB Department of PM&R, 619 19th Street, Room 529, Birmingham, AL, 35249-7330

PHONE (205) 934-3283

CONTACT Linda Lindsey

E-MAIL tbi@uab.edu

ITEMS **D.5, D.6, D.7**

57

G.9

GRANTEE **RTC on the Community Integration of Individuals with Traumatic Brain Injury**

ADDRESS Mount Sinai School of Medicine, Box 1240, One Gustave L. Levy Place, New York, NY 10029-6574

PHONE (212) 659-9374

CONTACT Mary R. Hibbard, Ph.D.

E-MAIL mary.hibbard@mssm.edu

ITEMS **A.1, A.8, B.6, B.7, B.8, B.9, B.10, B.11, C.4, C.9, C.10, C.27, C.30, C.32, C.36, C.37, C.42, C.47, C.48, C.51, C.52, C.53, C.55, C.56, C.57, C.59, D.2, D.3, F.1, F.2, F.3, F.4, F.5, F.8, F.9, F.10, F.11, F.12, F.13, F.14, F.17**

G.10

GRANTEE **Traumatic Brain Injury Model System of Rehabilitation Care**

ADDRESS Virginia Commonwealth University, Medical College of Virginia, Department of PM & R, Box 980542, Richmond, VA 23298-0542

PHONE (804) 828-3704

CONTACT Jennifer H. Marwitz

E-MAIL jmarwitz@hsc.vcu.edu

ITEMS **C.3**

G.11

GRANTEE **Virginia Traumatic Brain Injury Model System**

ADDRESS Virginia Commonwealth University, Medical College of Virginia, Department of PM & R, Box 980542, Richmond, VA 23298-0542

PHONE (804) 828-3704

CONTACT Jennifer H. Marwitz

E-MAIL jmarwitz@hsc.vcu.edu

ITEMS **A.2, A.3, A.4, A.5, A.6, A.7, C.1, C.2, C.6, C.11, C.25, C.29, C.33, C.34, C.40, C.54**

Contact NARIC about obtaining items in this Guide

National Rehabilitation Information Center (NARIC)
4200 Forbes Boulevard, Suite 202
Lanham, MD 20706
(301) 459-5900
http://www.naric.com/
naricinfo@heitechservices.com

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This *Guide to Traumatic Brain Injury Resources Produced by NIDRR Grantees* is the second in a series of guides to resources produced by NIDRR Grantees and compiled by the National Center for the Dissemination of Disability Resources (NCDDR).

The first in the series is the *Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees.* A second edition was produced in 2001 and is available online at: http://www.ncddr.org/du/products/saguide/index.html

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